



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH



## LAUNDRY AND DRY CLEANING *PHYSICIAN'S CERTIFICATION OF EXAMINATION*

*Applicant: Please complete and submit this form if applying for Health Certificate to work at a Laundry or Dry Cleaning facility engaged in the sorting, folding, washing, starching, ironing, dyeing, or dry cleaning clothes, household linens, and other fabric articles (Title 10 GCA, Chapters 22 and 28). NOTE: Only forms with original signature of the physician will be accepted. Stamped or digital signatures will NOT be accepted.*

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
                    Last,                      First                      MI

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Ethnicity/Nationality: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Location: \_\_\_\_\_

**Healthcare Provider:** *Please complete the portion below and return to above applicant for submission to the Department of Public Health and Social Services.*

Based on my examination of the above person, I certify that the individual:

1. Has been tested for tuberculosis within the past 6 months of this date and the result was negative, OR result was positive but further test(s) revealed that the individual is not infectious.
2. Is currently free of any communicable disease that can be easily transmitted to another individual at the above person's workplace during his/her usual course of activities.

**For Official Use Only**

\_\_\_\_\_  
**NAME OF PHYSICIAN**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**CLINIC OR HOSPITAL**

**Date:** \_\_\_\_\_